

A Guide For Cooperation With Communications Media





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Hospital Responsibility to Patient

Authors' Note

We have sought to produce a set of guidelines to help promote a greater and smoother flow of accurate news from hospitals to those who collect and disseminate such news.

This guide may be used by the individual hospital public relations practitioner as a reference in his day-to-day relationships with the media. It may also be useful to those seeking to develop "Codes of Cooperation" with the media of their communities.

Recognizing that few rules are made for which no exceptions exist, the communications media guide that follows is intended to serve as a statement of guiding principles only. As such, its use should be tempered by judgment, a knowledge of specific circumstances, and local conditions.

A hospital is an institution whose purpose is to provide services. The nature of services rendered is private and often quite personal. Legal factors, including the hospital's responsibilities as well as liabilities, must be a consideration in each situation. Even though a hospital might be considered a public service institution, it is not an institution of open public record.

Among the factors on which this guide is based is the nationally endorsed American Hospital Association-American College of Hospital Administrators *Code of Ethics*. Pertinent paragraphs of this code state:

"Fully recognizing that the press, radio and other communication media are excellent vehicles of public education and have a responsibility to disseminate information to the community, the hospital must appreciate its moral obligation to the patient and to the professional groups represented in its organization. Consequently, information about patients, except as required by law or where privileged communication is involved, should not be given without consent of the patient or the patient's immediate family and the patient's physician.

Information about research and scientific projects should be made public only with the consent of the individuals concerned and in a manner consistent with the ethics of the professional group involved.

Information on the activities or facilities of a hospital should not be designed to secure advantage over any other hospital by unfavorable comparison or for the personal aggrandizement of any individual.

At all times, the hospital must adhere strictly to the truth, undistorted either by exaggeration or by incomplete and misleading statements."

Local medical societies also must be considered. Medical societies generally have a formal statement of media relations policies. These are policies established as guidance for member physicians in their dealings with media. The hospital and its agents are not obliged to abide by such a code, but as a rule they honor it. A hospital may give newsmen the name of the attending physician only after obtaining his permission. Newsmen should be requested not to use the physician's name without *his* specific consent.

Local medical societies generally will make a copy of their codes available to concerned parties.

It has long been established that a hospital, public or private, has the right to prohibit newsmen from interviewing patients and employees, taking photographs, and otherwise invading the privacy of the individual or the institution. If a hospital's relation to the news media is what it should be, there is little need to invoke that right. The patient's physician also might deny media representatives the privilege of interviewing or photographing the patient.

The hospital exists in the community, and the news media represent the community's interest in the hospital. Cooperation between them is truly a matter of mutual advantage.

Patient Information

Medical information is private and confidential.

Hospital medical records may be inspected or removed from the hospital only with administrative approval and written authorization of the patient or his immediate family, or by law or court process. "Immediate family" refers to a parent or legal guardian in the case of a minor, otherwise to a parent, wife, husband, brother, or sister. In case of differences among these persons, no consent can be considered given. Also, if the patient expressed a contrary wish while competent, it must be respected. (Legally, only a parent, guardian, or conservator can give such permission. To be absolutely certain of utmost legal protection, consent should not be accepted from any person other than the patient or these legal representatives.)

Interviews and Photographs

When media representatives request photographs of or interviews with a patient, the permission of the hospital should be given at the discretion of the hospital's official spokesman only if the patient or his immediate family consents. This should not be done unless the responsible physician or, in his absence, the responsible medical supervisor decides the patient's condition or interests will not be jeopardized. When the patient is a minor, permission of parents or guardian must be obtained unless the minor is "emancipated." If the minor is of sufficient maturity and of sound mind, his consent also should be secured.

The hospital's official spokesman should stay with the press and the patient throughout the entire session. The floor supervisor or a member of the nursing staff also should be present. The nurse should guide the photographer on the "do's" and "don'ts" of posing in relation to the illness or injury and, when requested, should assist with the recruiting of nursing staff members for photos. She also should watch the patient for signs of exhaustion or pain. Photographs of unconscious patients, or of patients suffering from severe injuries, should not be permitted.

For each specific request for photographs, the hospital should require, for its records and protection, a completed, dated, and signed patient consent form prior to photographing. This consent form should be filed with the patient's chart and become a permanent part of the medical record. (See page 10.)

Prior to interviewing or photographing patients who are under arrest, or those who are "matters of public record," permission must be obtained from the police officer in charge in addition to the hospital authority.

A hospital or physician in charge can decline, under certain circumstances, to grant permission to interview or photograph even when consent is given by the patient or his immediate family. Such circumstances might include: (1) when the patient's condition does not permit his being disturbed; (2) crisis situations, because of heavy patient load; or (3) any time when discretionary action is deemed advisable. These decisions are often temporary. When circumstances permit, the hospital spokesman can seek clearance. In no event should such permission be given in the absence of consent by the patient or his immediate family and his physician.

Regardless of the individual's classification as a patient, discreet non-medical disclosures may be made by the person duly appointed as the hospital's spokesman, and only to the extent authorized. These disclosures should be of a general nature only, such as name, address, sex, age, marital status, employment, nature of injury, and current condition, if established. Prognosis should not be given.

Each hospital should have available at all times an authorized spokesman or alternate to answer inquiries from public information media. The names of the designated persons, with telephone numbers and hours of availability, should be made known to telephone operators, admitting departments, information desks, nursing supervisors, nursing units, emergency departments, and others who are likely to receive calls from newspapers and radio or television stations. These names also should be made known to all public information agencies in the community. (See page 9.)

Information requested, when duly authorized, should be provided to the media as rapidly as possible, without interfering with the health, privacy, or legal rights of the patient, or jeopardizing the hospital-patient relationship.

Alternate Sources of Information

The hospital spokesman may at times find it necessary to refer media inquiries to other official sources such as coroner, chief of police, patient's physician, family, or press aide.

Deadlines

Rigid time deadlines make it essential that information be furnished when requested by the media if at all possible. If information is promised by a certain time, and then unavoidable delays are encountered, the media should be so advised.

Media Responsibility to Hospital

Exclusives

If a newspaper or agency in another medium obtains an exclusive story through *its own initiative*, the right to the exclusive should be respected. The hospital should not take the initiative in giving that story to another agency. If the hospital is approached on the *same story* by another agency, it is obligated to release the information to that agency as well. On written news releases, hospitals are expected to alternate release times whenever possible, so that morning and afternoon papers each have an opportunity to "break" a story.

Features and Human Interest Stories

The right accorded all media of authorized equal access to hospital news is sometimes qualified in cases of specific stories which obviously can be used only by one newspaper or one radio or television station. This situation usually arises with a feature or "human interest" story. For example, this might be an interview with a patient who has a rare disease or unique personal history, or a background story on some service or achievement of the hospital. In order to awaken interest in such a story, the hospital must usually tailor it to the interests of one news agency. Hospitals are expected to give each newspaper and each radio or television station its proportionate share of such stories over the course of time.

Diversity of Interest

Each of the media has specialized needs and interests which should be recognized. Radio and television newscasters, community, foreign language, or group newspapers, the wire services and news magazines, as well as metropolitan daily newspapers, should be considered when hospital news is released. Releases that would not interest a metropolitan daily may often be welcomed by one of the other media.

Restrictions

Hospitals are bound by certain regulations and policies that limit access to certain service areas or departments in the hospital building. This may apply particularly to the emergency and maternity departments, and operating rooms. In some instances, requests by media that may seem to be in conflict with regulations or ordinances must be cleared with the administration.

The hospital emergency department is an example of a treatment area, access to which is usually limited to patients and persons engaged in their care. Emergency department personnel should not be permitted to release information on patients to the media. If reporters want to speak to persons being treated in the emergency area, they should contact the hospital's official spokesman, who will attempt to make arrangements and obtain the patient's and physician's permission.

It is generally accepted that newsmen are the best judges of what is news. Granting this, the hospital and the physician, as a team, are the competent judges of what serves the patient's best interests. They alone can weigh the effects on those interests—in physical, mental, and emotional terms—of the information-getting activities of media representatives. Newsmen thus have a responsibility to cooperate with the hospital to ensure that those effects are not deleterious.

In line with this responsibility, media representatives on assignment may be required to show proof of identity on demand by hospital officials. This is to protect all agencies and persons from misrepresentation.

Editors also have a responsibility to protect individuals, health care institutions—and themselves—by requesting information from authorized sources only. When they receive information from other than authorized sources, they have a responsibility to verify its accuracy.

General Pleas

News media should check with the hospital before making public pleas on behalf of a patient or institution—for example, requests for blood donors, visitors, gifts, or financial assistance.

Hospital Policies— General

Well-Known Persons

A person whose activity is a matter of public interest or whose livelihood or success depends on his being kept in the public eye forfeits—to an undefinable degree—rights of privacy generally ascribed to a less prominent person. This also may apply to the patient who becomes well known by the nature of his hospitalization. While the hospital still must seek the consent of this person, his immediate family and physician, or his agent before it can permit photographs or release of information, it has the added obligation of pointing out to the patient that his hospitalization is likely to become known and that public acknowledgment of this fact will usually be in his best interests. In this way he can be assured that accurate information relative to his condition will come from an authorized source.

When such a person is in serious or critical condition, the hospital should arrange, through the physician concerned, and with the consent of the patient or his immediate family, for at least two medical bulletins a day to meet the needs of both morning and afternoon papers.

The prominent person may have his own spokesman, to whom he may prefer that all requests for information be directed. Should this be the case, the hospital spokesman should comply and cooperate.

Interest in some patients may continue after the initial release of information on their hospitalization. The hospital does not assume responsibility for following these patients. If the news media wish daily reports on a patient, they must request them.



Major Disasters

In the event of major disasters, hospitals depart from usual communication patterns. Many, in order to handle the increased demand for information from media, families, and visitors, establish information centers close to sorting or admitting areas.

Members of the media may find it advantageous to familiarize themselves with the disaster plans of their local hospitals.

After any patient's discharge the hospital is no longer in a position to disclose information to media concerning that person. All inquiries should be directed to the patient or his family.

Accidents and Police Cases

Patients who are most often the subject of information released to the press are those treated for injuries sustained in accidents or police cases. On these patients the hospital may release the name, address, age, nature of injury, condition, if determined, and the disposition of the patient, whether hospitalized or released. The hospital cannot pledge that all information is accurate, since accident victims frequently are admitted in haste and information immediately available may be incomplete.

The hospital should never attempt to describe the event that caused the injury. This must come from the police officer investigating the accident. For example, the hospital should *not* make a statement on: whether a person was intoxicated; whether injuries were the result of assault, attempted suicide, or accident; whether a patient was poisoned (deliberately or accidentally); whether a patient is suspected of being a drug addict; the circumstances through which the patient was shot or stabbed; or the circumstances relating to an automobile accident.

Deaths

Announcement of death is not routinely made by the hospital. However, news of the death of a patient is public information *after* the family has been notified. When the patient is of sufficient prominence, it is the responsibility of the hospital to notify all news media, after notifying the deceased's family. Information on the cause of death must come from the patient's physician, and its release must be approved by members of his family.

If a death becomes the object of a coroner's or medical examiner's investigation, inquiries as to the cause and circumstances of death should be directed to the appropriate office. In instances other than police or coroner's cases, release of information may be made after a positive attempt to notify the family has failed and a reasonable period of time has passed. (See page 12.)

The name of the mortician receiving a body may be released to the press.

Suicides

Whether or not death is the result of one's own act is a matter to be decided by legally appointed bodies. A coroner's court is usually the qualified body for rendering such judgment. The hospital should not release statements asserting suicide in cases of death or attempted suicide as a reason for hospitalization of a patient. Inquiries regarding suspected suicides should be referred to the coroner.

Psychiatric Admissions

Patients admitted to a neuropsychiatric unit of a general hospital are to be regarded as any other patient. No statement should be made concerning the patient's treatment, nor should the name of the attending physician be released in this type of hospitalization.



Research and Scientific News

News originating from the hospital's official spokesman on medical advances, new techniques, or findings of medical research must come from an authoritative medical source. It is desirable for representatives of the media to understand that there are limitations placed on doctors of medicine and hospitals regarding the release of information. Medical ethics often make it impossible to identify the physician by name. Hospitals are obliged to request the consent of the physician or patient concerned for release of their names and information in connection with any news story. The determination of whether the use of the physician's name would be ethical is the physician's responsibility, not the hospital's. The physician relies on the advice of his local medical society.

Photographs of speakers who appear before recognized medical groups, either in an official program or scientific meeting, may be permitted with the speaker's consent. The use of photos in connection with the election of physicians to staff positions—rather than in relation to the care of a patient—are generally permitted. A review of the local medical society's policy will clarify this point.

Maternity

The birth of a baby in a hospital is held to be confidential information. Hospitals should obtain consent from the parents before permitting photographs or releasing the infant's name or other details. This policy is established to protect parents from mass solicitation, and to eliminate the possibility of later distress if the infant does not survive. On births to famous parents, or multiple births, or some other medical rarity, hospitals are usually able to obtain quick approval from parents for release of this news.

Local rules vary concerning photographs of infants. News photographs usually are taken through the glass of the nursery. However, with permission of the parents and hospital, other arrangements can be made.


The hospital should not release information relating to illegitimate births, except as required by law or court process.

Activities and Facilities

Growth, improvement, and problems of community health organizations are of importance to the people of the community.

The hospital has a responsibility to inform the community of matters which may be of public concern. Some examples are: the acquisition of new equipment, buildings, and services; assignments to board, staff, and administration; grants received; fund-raising programs; educational courses; social functions, and community education programs.

Items of this nature usually are related to administrative or social activities and, unless involving specific patients, may be released as news or features with administrative clearance only.



The forms on the following pages may be reproduced for your use or adapted to fit your special requirements. The enclosed poster is for display in the emergency department.

Suggested Terminology

CONDITION OF PATIENT

GOOD	Vital signs are stable and within normal limits. Patient is conscious and comfortable; indicators are excellent.
FAIR	Vital signs are stable and within normal limits. Patient is conscious but may be uncomfortable; indicators are favorable.
SERIOUS	Vital signs may be unstable and not within normal limits. Patient is acutely ill; indicators are questionable.
CRITICAL	Vital signs are unstable and not within normal limits. Patient may not be conscious; indicators are unfavorable.

Authorized Spokesman for Release of Information

Distribution List:
All Communications Media
Nursing Units
Emergency Department
Information Desk
Switchboard
All Department Heads

The official spokesman for _____ Hospital

	Name	Title	Telephones:		Hours Available
			Office	Home	
In his absence the following are authorized to release information concerning patients, personnel, actions, or activities of this hospital.					
1.					
	Name	Title	Office	Telephones: Home	Hours Available
2.					
	Name	Title	Office	Telephones: Home	Hours Available
3.					
	Name	Title	Office	Telephones: Home	Hours Available
4.					
	Name	Title	Office	Telephones: Home	Hours Available

No other personnel are permitted to release any information whatsoever concerning the patients, personnel, actions, or activities of this hospital except as authorized by administrative order.

Date	Administrator
------	---------------

Patient Information Release

Date

I, _____ hereby authorize the release of information concerning my illness or injury and hospital treatment [the illness, injury or hospital treatment of _____]* for news publication while a patient in _____ and hereby agree to hold the hospital, its physicians, and its staff free and harmless from any, and all liabilities or ill effects which might arise from the publication of such information.

Signature of patient, parent or guardian: _____

Witness _____

*To be included in case release is signed by immediate family.
(A signed copy of this release should be attached immediately to the patient's medical record.)

Release to Communications Media

Name _____
Address _____
Sex _____ Age _____ Marital status _____
Occupation _____ Employer _____
Nature of accident _____
Date of accident _____ Accident location _____
Nature of injury _____
Condition of patient _____
Remarks _____
Signature _____ Time _____ Date _____
Title _____

* Hospital should retain one copy for its files.

Consent To Photograph for Medical Purposes

Patient _____ Room Number _____ Date _____

1. I hereby authorize Dr. _____ and such assistants, photographers, and technicians as he may engage for this purpose, to take such photographs of me as he may desire before, during, and after the operation which is to be performed upon me on or about _____ 19____, at _____ Hospital, and to permit such photographs to be published and republished in professional journals and medical books, or to be used for any other purpose which he may deem fit in the interest of medical education, knowledge, or research. I also authorize _____ Hospital to permit such photographing.

2. I further authorize the modification or retouching of such photographs, and the publication of information relating to my case, either separately or in connection with the publication of the photographs taken of me.

3. Although I have given permission to the publication of all details and photographs concerning my case, it is specifically understood that I will not be identified by name.

Signature of patient, parent or guardian: _____

Witness _____

(A signed copy of this release should be attached immediately to the patient's medical record.)

Waiver of Liability

On request of the following named news agency _____ for an interview and/or photographs, still or motion picture, for purposes of publication in newspapers, magazines, or other printed media, or broadcast by means of radio or television transmission, I recognize that _____ Hospital is acting only as the intermediary, making it possible for the news agency, named above, to contact me.

As such, I relieve and hereby agree to hold _____ Hospital free and harmless from any and all liability arising out of the interviewing or photographing and subsequent publication or broadcasting. I understand that the interviewing and photographing are being carried out with my consent to the news agency named above, and so assume full responsibility.

Date _____ Patient or Subject Person _____

Date _____ Parent or Guardian _____

Date _____ Witness _____

General Guide for Release of Information

The following information may be released by the hospital on any inpatient or emergency department patient:

Name _____ Sex _____
Address _____ Age _____
Occupation _____ Marital status _____

CONDITION OF PATIENT

- GOOD** Vital signs are stable and within normal limits. Patient is conscious and comfortable; indicators are excellent.
- FAIR** Vital signs are stable and within normal limits. Patient is conscious but may be uncomfortable; indicators are favorable.
- SERIOUS** Vital signs may be unstable and not within normal limits. Patient is acutely ill; indicators are questionable.
- CRITICAL** Vital signs are unstable and not within normal limits. Patient may not be conscious; indicators are unfavorable.

NATURE OF ACCIDENT OR INJURY

BURNS

A statement may be made that the patient is burned, but the severity and degree of burns must be determined after treatment by a physician.

FRACTURES

If there is a fracture, it is not to be described in any way except to state the member involved.

DEATH

Death of a patient is presumed a matter of public record and may be reported by the hospital after the next of kin has been notified.

HEAD INJURIES

A simple statement may be made that the injuries are of the head. It is not to be stated that the skull is fractured until definitely determined by a physician.

INTERNAL INJURIES

It may be stated that there are internal injuries, but no information may be given as to the location of the injuries unless definitely determined by a physician.

INTOXICATION

No statement may be made as to whether the patient is intoxicated.

POISONING

No statement may be made concerning either motivation or circumstances surrounding a patient's poisoning.

SEXUAL ASSAULT

No statement may be made concerning the nature of the incident or injuries. Condition of the patient may be given.

SHOOTING OR STABBING

The number of wounds and their location may be stated if definitely determined by a physician. No statement may be made as to how the shooting or stabbing occurred.

SUICIDE OR ATTEMPTED SUICIDE

No statement may be made that there was a suicide or attempted suicide.

UNCONSCIOUSNESS

If the patient is unconscious when he is brought to the hospital, a statement of this fact may be made.

CASES OF PUBLIC RECORD

Cases of public record are those cases which are by law reportable to public authorities, such as police, coroner, or public health officer. Requests for details other than routine information must be referred to the proper public authority.

Examples of public record are:

Persons under arrest or held under police surveillance.

Any person brought to the hospital by the fire department or any law enforcement agency.

Cases such as shooting, stabbing, poisoning, injury by automobile, dog bites, battered children, or any other cases which are reportable to governmental agencies regardless of the mode of transportation to the hospital.

CORONER'S CASES

Requests for details other than the routine information given on any patient must be referred to the coroner on any of the following:

Any death wherein the body is unidentified or unclaimed.

All sudden deaths not caused by readily recognized disease, or wherein the cause of death cannot be properly certified by a physician on the basis of prior (recent) medical attendance.

All deaths occurring under suspicious circumstances, including those where alcohol, drugs, or other toxic substances may have a direct bearing on the outcome.

All deaths occurring as a result of violence or trauma, whether apparently homicidal, suicidal, or accidental (including those due to mechanical, thermal, chemical, electrical, or radiational injury, drowning, cave-ins) and regardless of the time elapsing between the time of injury and time of death.

All fetal deaths, stillbirths, or death of any baby within 24 hours after its birth, where the mother has not been under the care of physician.

All abortions, whether therapeutic or criminal (self-induced or otherwise).

All operative and peri-operative deaths in which the death is not readily explainable on the basis of prior disease.

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Name Address Occupation Sex Age Marital status

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FAIR Vital signs are stable and within normal limits. Patient is conscious but may be uncomfortable; indicators are favorable.

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A statement may be made that the patient is burned, but the severity and degree of burns must be determined after treatment by a physician.

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If there is a fracture, it is not to be described in any way except to state the member involved.

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All deaths occurring as a result of violence or trauma, whether apparently homicidal, suicidal, or accidental (including those due to mechanical, thermal, chemical, electrical, or radiational injury, drowning, cave-ins) and regardless of the time elapsing between the time of injury and time of death.

All fetal deaths, stillbirths, or death of any baby within 24 hours after its birth, where the mother has not been under the care of a physician.

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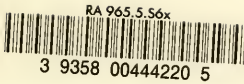
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SOKOLL/A GUIDE FOR COOPERATION

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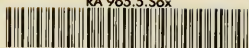
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